

Leading Lives Limited

Central Supported Housing and Domiciliary

Inspection report

7a Finborough Road
Stowmarket
Suffolk
IP14 1PN

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10 June 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 10 June 2016 and was unannounced. The service provides personal care for seven people, six people live together in one accommodation and require support with their learning disability or mental health needs. Another person lives on their own and is supported by the service. On the day of our inspection seven people were using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of abuse as staff had attended training to ensure they had a good understanding of their roles and responsibilities, if they suspected abuse was happening. Evacuation plans of how to leave the accommodation in the event of an emergency such as a fire were in place.

People were supported by a sufficient number of suitably trained and experienced staff and 24 on call support was available for the staff to call upon. The management team were looking to increase their presence at the service outside of core hours. Some people considered that additional 1:1 designated time would be of benefit to people on occasions given their condition on the day or to prepare for an event.

The provider had ensured appropriate recruitment checks were carried out on staff before they started work at the service. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Positive and caring relationships had developed between people and staff. The staff on duty knew people well and throughout the day we observed positive interactions between people using the service and staff. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected. People were

supported and enabled to be as independent as possible in all aspects of their lives. We saw that people enjoyed days out, holidays to a caravan park, and attending social clubs that were people's individual choice.

Staff knew people well and were skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support. Daily notes were written in an informative style and were up to date.

People's health needs were managed appropriately with input from relevant health care professionals. We saw that people attended appointments with their GP and also hospital consultants. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture approach by the management and staff were supported to provide care that was centred on the individual. The care plans were written in a person-centred style and there was clear involvement of the person themselves and their families. The team leader on duty was approachable to support staff and enabled people who used the service to express their views.

People and their relatives were supported to report any concerns or complaints and they told us they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service. The care plans were reviewed yearly and as required in response to changes in a person's condition.. The provider had systems in place to check the quality of the service and took the views and concerns of people and their relatives into account to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had plans in place to manage emergencies.

There were sufficient experienced staff to meet people's needs.

Risks were assessed and monitored regularly and medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements.

Is the service effective?

Good ●

The service was effective.

The service had assessed each person's capacity that used the service and appropriate arrangements such as best interest meetings had been held and outcomes recorded.

People were supported by staff who received relevant training to enable them to meet their needs.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

We observed and we were told that people were treated with kindness and respect. People were encouraged and supported to maintain independence.

People were encouraged to express their views.

People's privacy and dignity was maintained by the people who

were involved in their care.

Is the service responsive?

Good ●

The service was responsive.

People needs were assessed and their care plans updated accordingly.

People were offered choices and their decision was respected. People were supported in a personalised way.

Information on how to make a complaint or raise a concern was readily available.

Is the service well-led?

Good ●

The service was well-led.

The service encouraged people to express their views and people said staff listened to them and supported them.

The quality of the service was well monitored. People using the service, their relatives and staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had many opportunities to maintain links with the community.

Perhaps add in something here about culture of service?

Central Supported Housing and Domiciliary

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on June 10 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included any safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us.

We spoke with two people who lived in the service and two relatives. We also spoke with two members of the care staff and team leader as part of this inspection.

We looked at three people's care records, two staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

One person told us, "The staff make me feel safe." The person was able to tell us the names of the staff and how they supported them.

The team leader had considered how people could be protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take, if they felt people were at risk. There was a policy and procedure which included the details of who to contact with safeguarding concerns. A member of staff told us about the types of abuse which they had learnt from the training provided by the service and they thought the training was informative and very good.

Staff were aware of the company's whistle blowing procedure and were confident to use it if the need arose. Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice, risk (for example about people's safety), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. A member of staff told us, "I know the management would listen to me if I raised a concern, but if not, I do know from my training about whistleblowing."

Risk assessments were carried out and reviewed as required for each person at the service. The risk assessments were intended to keep people safe whilst supporting them to maintain their independence as much as possible. The risk plans we saw were personalised and linked to the person's overall support plan. One person's record showed a specific risk with their mobility and how the staff worked with them to reduce the risk.

We saw detailed risk assessments relating to the service and the premises including those related to fire, health and safety and use of equipment were in place. An up to date fire risk assessment for the buildings was in place and also evacuation plans for use in an emergency.

There were procedures to record accidents and incidents. Incidents and accidents were recorded by staff and investigated by the manager. Analysis of incidents and accidents was discussed with the staff team to identify actions to reduce the likelihood of them happening again in the future.

The service had a recruitment policy and procedure. The procedure had been designed to ensure the service only employed people suitable to support people living at the service. All applicants had to complete an application form and those short-listed were invited to attend the service for an interview. Disclosure and Barring Service (DBS) checks were completed to determine if the applicant had a criminal conviction that prevented them from working with people that used the service. References from previous employers were obtained to check past performance in other employment. The staff member was given a contract of employment and an up to date job description.

There was a core number of staff on duty throughout the 24 hour period. Some people were supported on a one to one basis during the day. We were informed on occasions it was considered that additional one to

one time was required depending upon the person's condition at the time or preparing for an event such as social outings and hospital appointments. We saw the rota for the past month and the one planned for the coming month and saw that it showed consistent numbers of staff on at all times.

People's medicines were stored in their individual rooms. One person told us, "The staff help me with my medicines." We saw the medicine records for each person who used the service and saw that they had been completed with no errors. The staff we spoke with were knowledgeable about the medicines used, with regard to why they had been prescribed and their potential side effects and people's allergies. Staff who were involved in medicines management had their practical competency tested, and received training in the safe management of medicines. The service had a clear medicines policy and procedure. There were no controlled drugs in use at the service and audits of the medicines were regularly carried out by the senior staff.

Is the service effective?

Our findings

There was a supervision policy and procedure in place and also an annual appraisal for all staff. Individual meetings were held between members of staff and their supervisor on a regular basis. These meetings were for the purpose of discussing the support provided training and development opportunities. A member of staff told us, "I find the supervision helpful and the seniors are supportive." During these meetings guidance was provided by the supervisor in regard to work practices and opportunities were given to staff to discuss any difficulties or concerns they had.

When new staff commenced work at the service, an induction program was followed to welcome them to the service and provide the necessary support and training required for their role. This included spending time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff continued to receive further training in areas specific to the people they worked with, for example, Autism. A relative told us, "The staff know how to help [my relative] they read and write in their care plan and I think they are given a lot of training."

People received effective care and support from staff who were well trained and supported by the management team. Staff knew people well and understood their needs and preferences. They sought people's consent before they supported them and discussed activities with them in a way people could understand. This included using pictures and gestures. We also saw that best interest meetings had been arranged and people had been supported by family members with their consent to make decisions.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for people who are, or may become, deprived of their liberty. A member of staff told us, "I found this training in MCA quite difficult, but it was well explained and we got there in the end, just want to do what is right for the person."

People worked with staff to purchase some food, while the main stocks were purchased by ordering on line and being delivered directly to the service. Staff were careful to ensure they were purchasing the foods that people liked. The staff worked with people to ensure they had sufficient to eat and drink and according to their choices. Each person's choices, likes and dislikes were recorded in their care plan. The staff recorded and monitored people's dietary intake whenever there was a concern. One person told us, "We usually eat together and some meals we all like, such as roasts." Staff told us that they always provided a choice of meals and we saw that snacks were also available for people to enjoy. Meals were discussed on the day and hence took account of the person's health, choice and also the weather.

People's health needs were identified and effectively assessed. Each person had a health and well-being section within the support plan. This included the history of people's health and current health needs. Additionally people had hospital passports so that hospital staff would know how to offer care, if necessary.

Detailed records of health and well-being appointments, health referrals and the outcomes were kept. All information about people's health could be easily accessed, including in an emergency situation.

All of the people living at the service had their own GP and dentist. People received regular health and well-being check-ups and any necessary actions were taken to ensure people were supported to keep as healthy as possible. We saw in one person's care plan that they had regular appointments with a consultant. The appointments were clearly documented and staff were in attendance to support. The results of the appointments had been recorded and the treatment explained in the care plan.

Is the service caring?

Our findings

People told us the staff were kind and caring. The team leader informed us that people had been involved with choosing the colour scheme in use around the service. On the day of the inspection we saw that people looked relaxed and calm. We observed positive interaction between people, and supporting staff. We heard staff asking people for their opinion and offered choice and help when required with cleaning rooms and putting clothes away. One relative told us. "The staff are caring and I would go as far to say as wonderful."

A relative told us about a good example of the way the staff care; the example was that of their relative always dresses in the way they wish and is always smart. The staff take time to look after the clothes. Another relative informed us they had been involved with moving their relative to the service as their relative had been unhappy with a previous service. They told us. "What a difference, they are happy and content and it is down to the staff caring."

The staff had detailed knowledge of the people using the service. The team leader explained that the staff were given time when they commenced working for the service to get to know people and to read their support plans. The support plans included a detailed history of the person, their current needs and how staff were to work with the person to achieve the set goals. A member of staff told us that each situation was assessed as it arose while staff were also guided by what strategies had worked in the past. The team leader explained to us the support plans and we saw that they were detailed and they were written in a person-centred style.

The staff told us that handover meetings were structured and there was sufficient time to clearly explain what had happened during the previous working shift and the plans for the next. A member of staff told us. "I really enjoy working here as we have enough time to spend with the people and our focus is upon the person's quality of life."

Although some people using the service had a range of communication difficulties, staff ensured they were involved in making decisions about their support. The members of staff we spoke with were able to give examples of how people communicated their needs and feelings. We observed staff using hand gestures to explain to people while also talking with them and staff were conscious about making positive eye-contact in their interactions. We saw information was displayed in picture format to help people understand such things as choice of activities. A relative informed us that the staff had got better at offering a person choice, as they would always pick the last option. not through choice but because they could remember the last option. Staff were taking time to offer a choice of two things and once the option was clarified would then compare to another option rather than reel of a list of options all at once.

People's diversity was respected in order to provide individualised support. The support plans gave detailed descriptions of the people to be supported their individual needs and how support was to be provided. There had been input from families, historical information, and contributions from the staff team who knew the people well and the involvement of the people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of support included people's life choices,

aspirations and goals. This included planning for the future. For example one person enjoyed visiting a social club and the staff were looking to ensure that this carefully documented and staff would be available to support them to attend.

People's privacy and dignity were respected. People's bedroom doors were closed or left open as per their choice. One person informed us that they had their room decorated as they wished and the staff supported them to purchase clothes which they wanted.

Is the service responsive?

Our findings

The support plans we saw were individualised and focussed upon the support the individual required and were clear about what the person could do for themselves. We saw in the records that the views of family and professionals who had been involved in helping to develop the support plans. Nobody had joined the service recently but we saw the documentation that would be used for an assessment and the team leader talked us through the process.

Information in people's support plans included people's individual daily routines, their preferences and how to support their emotional needs. The support plans were reviewed annually or more frequently if a change in a person's support was required. The service prepared detailed information prior to formal review meetings. The accuracy of the support plan was checked regularly by the team leader. We saw records and amendments to the support plan which confirmed this was happening.

A range of activities were available to people using the service and each person had an individualised activity timetable which was flexible enough to take into account the person's health and well-being each day. People were supported to engage in activities outside the service to help ensure they were part of the community. One person told us, "I like watching television, spending time in my room and going out to clubs."

Some people owned a caravan and the staff supported them with trips to the caravan for long weekends or sometimes stays during the week. One person was able to communicate to us how they enjoyed these trips. We saw that the service staff planned the visits in advance and risk assessments were in place. Other people living at the service were supported by staff to have days out with one to two staff depending upon their needs and to a venue of their choice.

The service had a complaints policy, procedure and a complaints log to record any complaints made. At the time of the inspection there were no outstanding complaints. The team leader told us that staff worked with people every day and knew people well, so any problems could be identified and action taken to resolve. Any complaints would be logged and the team leader talked us through how they would respond to a complaint and explained the process used in line with the policy and procedure. We also saw that the service had a number of compliments from various people about the support provided. Relatives told us that the staff were approachable and when they had questioned the support provided and how it might be improved. The staff had listened and worked with them while respecting the individual person's choice.

Is the service well-led?

Our findings

The service had a statement of purpose and the team leader informed us that the staff worked towards having a positive and open culture. The staff we spoke with were aware of the statement of purpose, their responsibilities and understood how they related to the wider team. Staff informed us the team leader was available to provide support and advice when required.

The service had developed itself by listening to the people and their relatives. This included having a keyworker system in operation. A member of staff told us that a strength of the service was the keyworker system. This meant that as well as knowing each person using the service, each person had allocated member of staff known as a keyworker. The keyworker was responsible for talking with and working with the person for their well-being. This included making arrangements for appointments as well as social interactions. The keyworker was supported by a secondary worker who would cover for them at times of training and annual leave. The keyworker system meant that staff were working with people to arrange hair dressing and nail care appointments.

Staff spoke positively about the support they received from the senior staff. The manager and team leader rarely worked at weekends but staff were supported by 24 hour telephone support as required. During the course of the inspection the team leader was observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. A relative told us, "The team leader works incredibly hard and nothing is too much bother, they always help."

The team leader told us links to the community were maintained by supporting people to engage in activities outside the service. This was regarded as extremely important to ensure that people's well-being was maintained and that their quality of life, choices and preferences were central to the approach of the service.

A relative told us, their relative enjoyed the traditional Sunday roast lunch, alternative meals were available. People came together and liked each other's company and it was seen as a highlight of the week. A member of staff told us that they considered a strength of the service was the support provided to people with regard to their social and leisure time. This included planning holidays and one person was assisted to go to local football matches. Another member of staff told us that the service was supported of the staff with regard to clear policies and procedures. They referred to the lone worker policy as an example.

Audits were completed by the manager, team leader and an internal manager from within the provider service. The internal audits were shared with a senior manager as well as the registered manager. As a result of the audit an action plan was drawn up and implemented. An example of the audit from February 2016 described house meetings as somewhat 'hit and miss.' The plan was for the meetings to be held more regularly. The manager also completed a quarterly report for the senior team of the provider giving an overview and also specific information regarding what they and the staff team were working upon.

The service worked closely with health and social care professionals to achieve the best support for the people they supported. The service had strong links with the specialist community nurse teams and relatives. The team leader told us, "We work in partnership with professionals." People's needs were

accurately reflected in detailed plans of care and risk assessments which were positively written and were easy to follow in a logical order.